

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 20 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36883

1. PLACE OF DEATH

County CALDWELL

Registration District No. 94

Township Breckinridge

Primary Registration District No. 5140

City (No.)

St. Ward

2. FULL NAME William S.B.J. Johnson

(a) Residence, No. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Mo.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10, 1874</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>7</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Breckinridge, Mo.</u>		
FATHER	13. NAME <u>William F. Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
17. INFORMANT <u>Walter Johnson</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Roxhill</u> DATE <u>Oct 18</u> 19 <u>36</u>		
19. UNDERTAKER <u>T. M. Peck & Son</u> (ADDRESS) <u>Breckinridge, Mo.</u>		
20. FILED <u>Oct 28</u> 19 <u>36</u> <u>A. R. Wilsey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936, to Oct 11, 1936
I last saw him alive on Oct 11, 1936 Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:
Purpuric meningitis Date of onset

Other contributory causes of importance:
MM

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. A. Thompson, M. D.
(Address) Breckinridge, Mo.

